

California Department of Public Health
Office of Problem Gambling
Transition Legislative Report

Acknowledgement

This report will be posted on the CDPH website and can be found at www.cdph.ca.gov under the publications and forms tab, OPG Transition Legislative Report.

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Executive Summary

In 2003, the Office of Problem Gambling (OPG) was established within Welfare and Institutions Code Section 4369 under the Department of Alcohol and Drug Programs (DADP). OPG is charged with developing and providing quality statewide prevention and treatment programs for Californians suffering from gambling addiction and family members experiencing a negative impact to their lives due to problem gambling behavior. In 2006, OPG conducted the largest prevalence study in the United States, with 7,121 respondents. At the higher end of the range of prevalence rates identified in the United States, overall lifetime prevalence for problem and pathological gambling combined was 3.7% (just over one million individuals today). An additional 2.2 to 2.7 million individuals can be classified as lifetime at-risk gamblers, who scored low on the problem gambling screen and could elevate to problem or pathological gamblers. Gambling problems exist on a continuum and vary in severity and duration. Pathological gambling is at the most severe end of the continuum of gambling problems.

Effective with the passage of the 2013-2014 Budget Act and associated legislation, DADP was eliminated July 1, 2013, and OPG transitioned to the California Department of Public Health (CDPH) Center for Chronic Disease Prevention and Health Promotion. CDPH executed the successful transition of OPG from DADP. OPG continues to fulfill its mission under CDPH, administering prevention and treatment programs for problem and pathological gamblers and their families. Over the past seven months, OPG has expanded outreach efforts to include new public health partners. This expanded effort is outlined in the following report, as well as, a baseline of services to evaluate over the next several years.

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Background

In 2003, the Office of Problem and Pathological Gambling (OPG) was established within Section 4369 of the Welfare and Institutions Code, under the Department of Alcohol and Drug Programs (ADP). OPG is charged with developing and providing quality statewide prevention and treatment programs for Californians suffering from gambling addiction and family members experiencing a negative impact to their lives due to problem gambling behavior. In 2006, OPG conducted the largest prevalence study in the United States, with 7,121 respondents. At the higher end of the range of prevalence rates identified in the United States, overall lifetime prevalence for problem and pathological gambling combined was 3.7% (just over one million individuals today). An additional 2.2 to 2.7 million individuals can be classified as lifetime at-risk gamblers, who scored low on the problem gambling screen and could elevate to problem or pathological gamblers. Gambling problems exist on a continuum and vary in severity and duration. Pathological gambling lies at the most severe end of the continuum of gambling problems.

Effective with the passage of the 2013-2014 Budget Act and associated legislation, ADP was eliminated as of July 1, 2013. The Governor's Budget approved the transfer of OPG to the California Department of Public Health (CDPH). OPG is operating within CDPH's Center for Chronic Disease Prevention and Health Promotion. In order to execute this transfer, the California Health and Human Services Agency developed and implemented a transition plan, approved by the Legislature.

OPG is required to prepare an annual legislative report over the next five years to ensure that the impacts of the transition are identified and evaluated, initially and over time. OPG has developed a robust stakeholder's group to provide feedback in developing this legislative report. OPG had previously established an Advisory Group that meets on a quarterly basis to discuss strategic planning and elements of the problem gambling prevention and treatment programs. The Advisory Group is comprised of representatives from the Legislature, state agencies that regulate gambling, the State Departments of Health Care Services and Mental Health, the California Lottery, educators, non-profit organizations, the recovery community and the gambling industry. Meetings are also open to the public.

OPG determined that the best way to link with CDPH partners was to invite new representatives to become members of the OPG Advisory Group, thus increasing our stakeholder input. The first organization identified for linkage was the California Conference of Local Health Officers (CCLHO). On August 5, 2013, OPG was invited to make a presentation describing our programs to the CCLHO. As a result, CCLHO appointed a representative and an alternate to the OPG Advisory Group. In addition, the CDPH Tobacco Control Program and the Department of Health Care Services newly established Substance Use Disorder and Mental Health Program's appointed representatives to the Advisory Group.

Prevention Program

The Office of Problem Gambling's Prevention Program contains the following mandated elements: toll-free helpline, training and education, outreach and public awareness campaign and empirically-driven research.

- Toll-free helpline: OPG maintains two toll-free helplines; 1-800-GAMBLER offering in-language services in English and Spanish and using AT&T Translation Services in 200+ languages, 1-888-968-7888 offering in-language services in Asian languages (Cantonese, Mandarin, Vietnamese, Hindi, Tagalog and Korean). During FY2012/13, the 1-800-GAMBLER helpline served 4,223 problem gambling clients, while the Asian language helpline served 283 clients. Asians are considered to be a vulnerable high-risk population for gambling problems, which necessitated establishing a separate culturally competent helpline in the hopes of breaking some cultural barriers to treatment. See Attachment A for caller ethnicity.
- Training and Education: OPG contracts with two agencies to provide training and education throughout California; National Asian Pacific American Families Against Substance Abuse (NAPAFASA) for non-profit organizations, educators and health care professionals and the California Council on Problem Gambling (CCPG) for gambling industry personnel and law enforcement agencies. During FY2012/13, NAPAFASA and CCPG were responsible for providing 6,760 hours of training to more than 25,000 individuals. Training events provide continuing education credits for individuals with professional licenses/certificates and are conducted in 22 different languages. Youth are also identified as a vulnerable population in developing problem gambling behavior. OPG contracts with the Tulare County Office of Education, California Center for Youth Development and Health Promotion to administer the youth-led and youth-driven *Betting on Our Future (BOOF)* educational campaign. During FY2012/13 19 different sites produced public services announcements (to be used in OPG's cable television public awareness campaign) and 17 posters/banners. Information related to youth problem gambling behavior, along with the youth produced material was packaged into 1,000 tool kits and disseminated to all participating BOOF sites statewide and nationally at the annual National Council on Problem Gambling's Conference.
- Outreach and public awareness: OPG executes a multi-media outreach campaign which targets problem gamblers throughout California by age, ethnicity and geography (proximity to a gambling enterprise). Radio, cable television, digital-mobile, social and display banners, and print-posters, billboards, newspaper are all media used in the campaign. Creative designs from our BOOF program and an in-house graphic designer are used to minimize production costs. More than 275 million impressions were seen and heard throughout California and the campaign offered bonuses producing a total of \$1.91 for each dollar spent. One way to measure effectiveness of the campaign is tracked via our helpline and recorded as referral source. See Attachment B for referral source.

- Research: The 2006 California Prevalence Study and 2005 Situational Assessment are both used to guide strategies developed for the OPG Prevention Program. For instance, vulnerable populations identified in the prevalence study are targeted in our media campaign. A new informal situational assessment was conducted in April 2013 providing updated information for treatment services in California, which is used by our helplines in providing referrals. In fiscal year 2012-13, the UCLA Gambling Studies Program (UGSP) provided OPG with a report titled *Manualized Treatment versus Treatment as Usual: A Comparison of Gambling Treatment Outcomes*. This study found that using a cognitive behavioral treatment manual (developed by UGSP) was found to be effective in the treatment of problem gamblers. The manual is disseminated to therapists as a tool in developing treatment plans with clients. After realizing the success of the manualized treatment for gamblers, UGSP authored the first tool for manualized treatment of partners of problem gamblers, currently being studied for effectiveness.

Treatment Program

In developing the California Problem Gambling Treatment Services Program (CPGTSP), in FY2008-09 OPG was allocated three-year limited-term funding to develop, implement and maintain a treatment program in four regions in California: Sacramento, San Francisco, San Diego, and Los Angeles. Since then OPG has received additional two-year funding allocation extensions for a total of seven years. OPG took a stepped-care approach in developing services offering problem gambling telephone interventions, outpatient, intensive outpatient and residential treatment for a continuum of services.

Provider Training:

In order to become an authorized CPGTSP provider, 30 hours of Phase I Training in the diagnosis and treatment of pathological gambling must be completed. Phase I Training combines online and live training conducted by experts in pathological gambling. To date, OPG has provided Phase I Training to more than 400 individuals. Once authorized, CPGTSP providers are required to complete the following training requirements:

- 10 hours of CPGTSP supervision within 365 days of authorization
- 5 hours of gambling-specific continuing educational units annually

Phase II Training consists of six hour, single-day training events open to all CPGTSP authorized providers and is intended to deliver advanced and leading edge information on the treatment of pathological gambling. Phase II Training and the Annual Training Summit provide opportunities for providers to gain the continuing education units needed for their annual requirement.

Number of Providers Trained in FY2012-13

- 43 licensed therapists completed the 30-hour, CPGTSP Phase I Training
- 58 licensed therapists attended six-hour, Phase II Training events
- 54 providers attended the two-day, Annual Problem Gambling Summit

Supervision is offered via telephone conference call and led by a CPGTSP-authorized Supervisor who has extensive experience in the diagnosis and management of problem gambling. A total of 224 hours of supervision were conducted in FY2012-13.

In-person reviews of treatment provider documentation to ensure compliance with CPGTSP policies and procedures are conducted by OPG and UGSP staff. During FY2012-13, 62 compliance monitoring reviews were conducted.

Access to Services/Provider Demographics:

There were 229 active authorized CPGTSP providers, who speak 23 different languages and dialects, as of June 30, 2013. The following information was provided in the form of a survey; some providers declined to answer.

Provider Demographic Information

Age (Mean)	Number	Percent
54.5 years old		
Gender		
Male	57	25
Female	172	75
Race		
Caucasian	146	72
African American	10	5
Hispanic	14	7
Asian	23	11
Native Hawaiian	1	.5
Multicultural	8	4

Provider Licensure Information

Number of Years Licensed (Mean)	Number	Percent
12 years		
Type of License		
PsyD	10	5
PhD	15	7
MFT	135	66
MSW	4	2
LCSW	28	14

Provider Language Information

<i>Providing Treatment in Language Other than English?</i>	<i>Number</i>	<i>Percent</i>
No	163	80
Yes	40	20
Spanish	18	9
Japanese	1	.5
Hebrew	1	.5
Vietnamese	1	.5
Chinese	4	2
Farsi	2	1
Armenian	1	.5
Korean	1	.5
Tagalog	1	.5
Russian	2	1
Multilingual	5	3

	Average Number
Number of clients seen per month	4
Number of years providing treatment to gamblers	3.6
Extent you are satisfied with the Office of Problem Gambling? 1 = Not at all; 5 = Very	4.5

Gamblers and Affected Individuals (those persons negatively impacted by the problem gamblers behavior) can choose various treatment components:

- Problem Gambling Telephone Interventions (PGTI) – Gamblers and Affected Individuals may receive up to three treatment blocks of eight sessions in English, Spanish and various Asian languages. Services are delivered by licensed, trained therapists with the intention of immediate service delivery with the goal of transferring clients to outpatient services. Telephone interventions allow access to services for clients who may be disabled, lack transportation, or live in rural areas of the state where outpatient services are not available.
- Outpatient – Gamblers and Affected Individuals may receive up to three treatment blocks of eight face-to-face sessions in English and other languages described above. Providers use their own clinical experience and treatment philosophies in combination with the advanced knowledge received through CPGTSP training to provide evidence-based services.

- Intensive Outpatient (IOP) – Gamblers may receive up to three treatment blocks 30-days in length of this more intensive level of care. Clinical services are provided by licensed, trained therapists three hours per day, three times per week and include multi-modal treatments including individual, group and family counseling.
- Residential Treatment Program (RTP) – For the severest form of pathological gambling, Gamblers may receive up to three treatment blocks 30-days in length. This is a 24-hour residential facility that is designed to address the many complicating factors that pathological gamblers can face in the course of this disease.
- Clinical Innovations – Housed at UGSP, this component consists of clinical research trials designed to create and test new products and treatment methods for problem gambling.

Enrollment in Services in FY2012-13:

Gamblers

CPGTSP Treatment Component	Total Number of Clients Served
PGTI (English/Spanish)	176
PGTI (Asian Languages)	16
Outpatient	1072
IOP	30
RTP	44
Total Cases*	1338

**Please Note: Some individuals may have accessed multiple services.*

Affected Individuals

CPGTSP Treatment Component	Total Number of Clients Served
PGTI (English/Spanish)	18
PGTI (Asian Languages)	0
Outpatient Treatment Network	412
Total Affected Individual Cases*	430

**Please Note: Some individuals may have accessed multiple services.*

In order to ensure access into treatment in a timely fashion, authorized providers track the time between initial helpline referral (contact) and intake into treatment.

Access to Treatment Services FY2012-13:

Waiting Lists:

CPGTSP Treatment Component	Waiting List
PGTI (English/Spanish)	24 hour access to intake; 3 day average until the first treatment session
PGTI (Asian Languages)	24 hour access to intake; 3 days average until the first treatment session
Outpatient Treatment Network	Less than 2% had a waiting list; new clients seen within 3 days of initial contact, some were able to meet same day or next day
IOP	Intake within 1-2 days of initial contact; admission averaged 21 days from acceptance
RTP	Intake within 1-2 days of initial contact; admission averaged 27 days from acceptance
Clinical Innovations	Potential clients are seen within 1-2 days from initial contact to determine acceptance into study.

CPGTSP Client Demographics FY2012-13 (Gamblers):

Age

	Years Old
PGTI (English /Spanish)	48.9
PGTI (Asian Languages)	47.0
Outpatient	47.0
IOP	40.0
RTP	48.0

Gender

	Male	Female
PGTI (English /Spanish)	49%	51%
PGTI (Asian Languages)	63%	37%
Outpatient	59%	41%
IOP	70%	30%
RTP	66%	34%

Race/Ethnicity

	Caucasian	African American	Hispanic	Asian	Other
PGTI (English/Spanish)	62%	16%	30%	15%	4%
PGTI (Asian Languages)				100%	
Outpatient	54%	8%	29%	18%	7%
IOP	70%	4%	4%	13%	9%
RTP	65%	10%	2%	20%	2%

Income

	Low (<\$25k)	Middle (25-100k)	High (>\$100 K)
PGTI (English/Spanish)	37%	53%	12%
PGTI (Asian Languages)	25%	75%	0
Outpatient	27%	57%	16%
IOP	44%	41%	15%
RTP	59%	37%	12%

Education

	Less than High School	High School	Some College	College	Professional Degree
PGTI (English/Spanish)	17%	31%	18%	26%	7%
PGTI (Asian Languages)	19%	25%	31%	25%	0
Outpatient	15%	13%	41%	22%	9%
IOP	7%	11%	44%	26%	11%
RTP	32%	2%	37%	22%	7%

CPGTSP Client Demographics FY2012-13 (Affected Individuals):

Age

	Years Old
PGTI (English /Spanish)	51.0
PGTI (Asian Languages)	53.0
Outpatient	45.0

Gender

	Male	Female
PGTI (English /Spanish)	28%	72%
PGTI (Asian Languages))	12%	88%
Outpatient	26%	74%

Race/Ethnicity

	Caucasian	African American	Hispanic	Asian	Other
PGTI (English/Spanish)	70%	4%	20%	17%	9%
PGTI (Asian Languages)				100%	
Outpatient	57%	8%	14%	15%	6%

Income

	Low (<\$25k)	Middle (25-100k)	High (>\$100 K)
PGTI (English/Spanish)	28%	60%	11%
PGTI (Asian Languages)	40%	53%	7%
Outpatient	22%	58%	20%

Education

	Less than High School	High School	Some College	College	Professional Degree
PGTI (English Spanish)	17%	44%	11%	22%	6%
PGTI (Asian Languages)	19%	31%	13%	31%	6%
Outpatient	5%	12%	43%	26%	14%

Regional - All Clients in First Block of Treatment

Region	N (%)
North/Mountain	67 (4.0)
Bay Area	213 (12.8)
Central Valley	231 (13.9)
Southern California minus Los Angeles	674 (40.6)
Los Angeles	347 (20.9)
Central/Southern Farm	128 (7.7)

Regional - PGTI (English/Spanish) Gamblers in First Block of Treatment

Region	N (%)
North/Mountain	19 (11.2)
Bay Area	21 (12.4)
Central Valley	18 (10.7)
Southern California minus Los Angeles	49 (29.0)
Los Angeles	28 (16.6)
Central/Southern Farm	34 (20.1)

Regional – PGTI (English/Spanish) Affected Individuals in First Block of Treatment

Region	N (%)
North/Mountain	3 (17.6)
Bay Area	3 (17.6)
Central Valley	2 (11.8)
Southern California minus Los Angeles	4 (23.5)
Los Angeles	0 (0.0)
Central/Southern Farm	5 (29.4)

Regional – PGTI (Asian Language) Gamblers in First Block of Treatment

Region	N(%)
North/Mountain	0 (0.0)
Bay Area	5 (38.5)
Central Valley	1 (7.7)
Southern California minus Los Angeles	1 (7.7)
Los Angeles	5 (38.5)
Central/Southern Farm	1 (7.7)

Regional – PGTI (Asian Language) Affected Individuals in First Block of Treatment

Region	N(%)
North/Mountain	0 (0.0)
Bay Area	6 (42.9)
Central Valley	0 (0.0)
Southern California minus Los Angeles	2 (14.3)
Los Angeles	6 (42.9)
Central/Southern Farm	0 (0.0)

Regional - Outpatient Gamblers in First Block of Treatment

Region	N(%)
North/Mountain	34 (3.4)
Bay Area	119 (12.0)
Central Valley	153 (15.4)
Southern California minus Los Angeles	432 (43.5)
Los Angeles	184 (18.5)
Central/Southern Farm	71 (7.2)

Regional - Outpatient Affected Individuals in First Block of Treatment

Region	N(%)
North/Mountain	9 (2.3)
Bay Area	41 (10.4)
Central Valley	56 (14.2)
Southern California minus Los Angeles	168 (42.6)
Los Angeles	104 (26.4)
Central/Southern Farm	16 (4.1)

Regional - IOP Gamblers in First Block of Treatment

Region	N(%)
North/Mountain	0 (0.0)
Bay Area	3 (10.0)
Central Valley	0 (0.0)
Southern California minus Los Angeles	10 (33.3)
Los Angeles	16 (53.3)
Central/Southern Farm	1 (3.3)

Regional – RTP Gamblers in First Block of Treatment

Region	N(%)
North/Mountain	2 (6.6)
Bay Area	15 (50.0)
Central Valley	1 (3.3)
Southern California minus Los Angeles	8 (26.7)
Los Angeles	4 (13.3)
Central/Southern Farm	0 (0.0)

Legend: California Regions

- North/Mountain: Alpine Amador, Butte, Calaveras, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity, Tuolumne
- Bay Area: Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma
- Central Valley: Colusa, El Dorado, Placer, Sacramento, Sutter Yolo, Yuba
- Southern California minus Los Angeles: Orange, Riverside, San Bernardino, San Diego, Santa Barbara, Ventura
- Los Angeles: Los Angeles
- Central/Southern Farm: Fresno, Imperial, Kern, Kings, Madera, Merced, Monterey, San Benito, San Joaquin, San Luis Obispo, Stanislaus, Tulare

Current Health Diagnosis/Co-occurring FY2012/13 (Gamblers):

Co-Occurring Health Diagnoses

	Liver Disease	Obesity	HIV/AIDS	Ulcer Disease	Hypertension
PGTI (English/Spanish)	0 (0.0)	11 (6.3)	0 (0.0)	2 (1.1)	15 (8.6)
PGTI (Asian Languages)	0 (0.0)	0 (0.0)	0 (0.0)	1 (6.3)	1 (6.3)
Outpatient	19 (1.9)	54 (5.4)	4 (0.4)	24 (2.4)	152 (15.1)
IOP	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	3 (11.5)
RTP	1 (0.3)	3 (9.0)	0 (0.0)	0 (0.0)	3 (9.0)

	Cancer	Heart Disease	Diabetes	Respiratory	Stroke
PGTI (English/Spanish)	4 (2.3)	7 (4.0)	16 (9.1)	4 (2.3)	2 (1.1)
PGTI (Asian Languages)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Outpatient	14 (1.4)	52 (5.2)	94 (9.3)	23 (2.3)	2 (0.2)
IOP	0 (0.0)	0 (0.0)	3 (11.5)	1 (3.8)	1 (3.8)
RTP	0 (0.0)	1 (0.3)	0 (0.0)	0 (0.0)	0 (0.0)

Current Smoker

	Yes	No	Mean Cigarettes per Day	Mean Number of minutes waited after waking before smoking
PGTI (English/Spanish)	53 (30.3)	122 (69.7)	10.3	21.1
PGTI (Asian Languages)	3 (20.0)	12 (80.0)	8.5	78.8
Outpatient	336 (33.9)	656 (66.1)	3.5	10.2
IOP	13 (50.0)	13 (50.0)	7.25	26.2
RTP	22 (66.7)	11 (33.3)	11.7	62.0

Current Drinker

	Yes	No	Mean Drinks per Week	Mean Number of Times 5 or More Drinks in one day in the past 30 Days
PGTI (English/Spanish)	56 (31.8)	120 (68.2)	2.0	1.84
PGTI (Asian Languages)	3 (21.4)	11 (78.6)	5.3	0.33
Outpatient	465 (46.9)	527 (53.1)	.75	2.64
IOP	11 (40.7)	16 (59.3)	4.0	1.85
RTP	21 (70.0)	9 (30.0)	4.1	2.2

Past Year Substance Use

	Marijuana	Cocaine	Hallucinogens	Inhalants	Narcotics/Opiates
PGTI (English/Spanish)	13 (7.4)	3 (1.7)	1 (0.6)	0 (0.0)	4 (2.3)
PGTI (Asian Languages)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Outpatient	206 (14.7)	39 (2.8)	12 (0.9)	5 (0.4)	50 (3.6)
IOP	9 (33.3)	3 (11.1)	2 (7.4)	1 (3.7)	4 (14.8)
RTP	10 (30.3)	8 (24.2)	1 (0.3)	0 (0.0)	6 (18.2)

	PCP	Methamphetamine	Stimulants	Tranquilizers
PGTI (English/Spanish)	1 (0.6)	2 (1.1)	0 (0.0)	2 (1.1)
PGTI (Asian Languages)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Outpatient	0 (0.0)	42 (3.0)	18 (1.3)	29 (2.1)
IOP	0 (0.0)	2 (7.4)	3 (11.1)	0 (0.0)
RTP	0 (0.0)	3 (9.0)	1 (0.3)	1 (0.3)

Co-Occurring Psychiatric Disorders Treated for in the Past Year

	Mood Disorders	Psychotic Disorders	Anxiety Disorders	Substance Use Disorders	Personality Disorder	ADD/ ADHD
PGTI (English/Spanish)	54 (30.9)	4 (2.3)	25 (14.4)	6 (3.4)	1 (0.6)	6 (3.4)
PGTI (Asian Languages)	3 (18.8)	0 (0.0)	1 (6.3)	0 (0.0)	0 (0.0)	0 (0.0)
Outpatient	334 (23.8)	23 (1.6)	199 (14.2)	45 (3.2)	18 (1.3)	43 (3.1)
IOP	12 (44.4)	3 (11.1)	8 (29.6)	3 (11.1)	3 (11.1)	7 (25.9)
RTP	9 (27.3)	1 (0.3)	4 (12.1)	1 (0.3)	2 (0.6)	7 (21.2)

Current Health Ratings

	Excellent	Very Good	Good	Fair	Poor
PGTI (English/Spanish)	18 (10.3)	45 (25.9)	55 (31.6)	46 (26.4)	10 (5.7)
PGTI (Asian Languages)	2 (13.3)	4 (26.7)	6 (40.0)	3 (20.0)	0 (0.0)
Outpatient	70 (7.0)	195 (19.4)	393 (39.0)	269 (26.7)	80 (7.9)
IOP	3 (11.1)	3 (11.1)	12 (44.4)	5 (18.5)	4 (14.8)
RTP	1 (0.3)	7 (21.2)	9 (27.3)	13 (39.4)	3 (0.9)

Currently has Health Insurance

	Yes	No
PGTI (English/Spanish)	116 (67.1)	57 (32.9)
PGTI (Asian Languages)	11 (73.3)	4 (26.7)
Outpatient	761 (76.3)	237 (23.7)
IOP	13 (48.1)	14 (51.9)
RTP	23 (71.9)	9 (28.1)

Currently has a Physician

	Yes	No
PGTI (English/Spanish)	118 (69.4)	52 (30.6)
PGTI (Asian)	12 (80.0)	3 (20.0)
Outpatient	711 (72.0)	276 (28.0)
IOP	11 (44.4)	14 (56.0)
RTP	22 (71.0)	9 (29.0)

Family Members with Substance Abuse Problems

	None	Children	Spouse	Parents	Aunts/Uncles	Grandparent	Siblings
PGTI (English Spanish)	105 (60.3)	6 (3.4)	5 (2.9)	40 (23.0)	12 (6.9)	5 (2.9)	31 (17.8)
PGTI (Asian Languages)	15 (100)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Outpatient	535 (53.1)	82 (8.1)	62 (6.2)	224 (22.2)	125 (12.4)	86 (8.5)	215 (21.4)
IOP	15 (57.7)	0 (0.0)	1 (3.7)	2 (7.4)	2 (7.4)	1 (3.7)	8 (29.6)
RTP	18 (54.5)	4 (12.1)	2 (0.6)	13 (39.4)	7 (21.2)	6 (18.2)	13 (39.4)

Family Members with Gambling Problems

	None	Children	Spouse	Parents	Aunts/Uncles	Grandparent	Siblings
PGTI (English Spanish)	119 (68.0)	1 (0.6)	4 (2.3)	31 (17.7)	6 (3.4)	5 (2.9)	19 (10.9)
PGTI (Asian Languages)	10 (66.7)	0 (0.0)	1 (6.7)	0 (0.0)	2 (13.3)	0 (0.0)	2 (13.3)
Outpatient	584 (58.0)	22 (2.2)	39 (3.9)	206 (20.5)	101 (10.0)	69 (6.9)	161 (16.0)
IOP	16 (59.3)	1 (3.7)	2 (7.4)	4 (14.8)	4 (14.8)	1 (7.4)	3 (11.1)
RTP	16 (48.5)	1 (0.3)	1 (0.3)	9 (27.3)	4 (12.1)	5 (15.2)	5 (15.2)

Current Health Diagnosis/Co-occurring FY2012/13 (Affected Individuals):

Co-Occurring Health Diagnoses

	Liver Disease	Obesity	HIV/AIDS	Ulcer Disease	Hypertension
PGTI (English/Spanish)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
PGTI (Asian Languages)	0 (0.0)	0 (0.0)	0 (0.0)	1 (5.9)	2 (11.8)
Outpatient	3 (0.8)	16 (4.0)	2 (0.5)	5 (1.3)	37 (9.3)
	Cancer	Heart Disease	Diabetes	Respiratory	Stroke
PGTI (English/Spanish)	0 (0.0)	1 (5.6)	2 (11.1)	0 (0.0)	0 (0.0)
PGTI (Asian Languages)	0 (0.0)	1 (5.9)	2 (11.8)	0 (0.0)	0 (0.0)
Outpatient	14 (3.5)	13 (3.3)	23 (5.8)	3 (0.8)	0 (0.0)

Current Smoker

	Yes	No	Mean Cigarettes per Day	Mean Number of minutes waited after waking before smoking
PGTI (English/Spanish)	3 (16.7)	15 (83.3)	2.2	15.6
PGTI (Asian Languages)	0 (0.0)	16 (100)	N/A	N/A
Outpatient	65 (16.5)	330 (83.5)	1.7	7.2

Current Drinker

	Yes	No	Mean Drinks per Week	Mean Number of Times 5 or More Drinks in one day in the past 30 Days
PGTI (English/Spanish)	5 (27.8)	13 (72.2)	0.7	0.2
PGTI (Asian)	0 (0.0)	15 (100)	N/A	N/A
Outpatient	190 (48.7)	200 (51.3)	1.6	0.4

Current Health Ratings

	Excellent	Very Good	Good	Fair	Poor
PGTI (English/Spanish)	3 (16.7)	7 (38.9)	5 (27.8)	1 (5.6)	2 (11.1)
PGTI (Asian Languages)	1 (5.9)	4 (23.5)	9 (52.9)	2 (11.8)	1 (5.9)
Outpatient	51 (12.8)	91 (22.8)	156 (39.1)	79 (19.8)	22 (5.5)

Currently has Health Insurance

	Yes	No
PGTI (English/Spanish)	12 (70.6)	5 (29.4)
PGTI (Asian Languages)	14 (87.5)	2 (12.5)
Outpatient	306 (77.7)	88 (22.3)

Currently has a Physician

	Yes	No
PGTI (English/Spanish)	14 (77.8)	4 (22.2)
PGTI (Asian Languages)	14 (87.5)	2 (12.5)
Outpatient	293 (74.9)	98 (25.1)

Family Members with Substance Abuse Problems

	None	Children	Spouse	Parents	Aunts/Uncles	Grandparent	Siblings
PGTI (English Spanish)	11 (61.1)	1 (5.6)	0 (0.0)	4 (22.2)	1 (5.6)	1 (5.6)	3 (16.7)
PGTI (Asian Languages)	15 (93.8)	0 (0.0)	0 (0.0)	1 (6.3)	0 (0.0)	0 (0.0)	0 (0.0)
Outpatient	190 (47.6)	39 (9.8)	36 (9.0)	102 (25.6)	61 (15.3)	40 (10.0)	77 (19.3)

Family Members with Gambling Problems

	None	Children	Spouse	Parents	Aunts/Uncles	Grandparent	Siblings
PGTI (English Spanish)	7 (38.9)	2 (11.1)	4 (22.2)	4 (22.2)	1 (5.6)	0 (0.0)	2 (11.1)
PGTI (Asian Languages)	6 (37.5)	1 (6.3)	5 (31.3)	2 (12.5)	0 (0.0)	1 (6.3)	2 (12.5)
Outpatient	102 (25.6)	41 (10.3)	104 (26.1)	110 (27.6)	40 (10.0)	27 (6.8)	54 (13.5)

Past Year Substance Use

	Marijuana	Cocaine	Hallucinogens	Inhalants	Narcotics/Opiates
PGTI (English/Spanish)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
PGTI (Asian Languages)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Outpatient	40 (10.0)	7 (1.8)	3 (0.8)	0 (0.0)	8 (2.0)

	PCP	Methamphetamine	Stimulants	Tranquilizers
PGTI (English/Spanish)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
PGTI (Asian Languages)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Outpatient	0 (0.0)	7 (1.8)	4 (1.0)	7 (1.8)

Co-Occurring Psychiatric Disorders Treated for in the Past Year

	Mood Disorders	Psychotic Disorders	Anxiety Disorders	Substance Use Disorders	Personality Disorder	ADD/ ADHD
PGTI (English/Spanish)	2 (11.1)	0 (0.0)	1 (5.6)	0 (0.0)	0 (0.0)	0 (0.0)
PGTI (Asian Languages)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Outpatient	71 (17.8)	4 (1.0)	41 (10.3)	5 (1.3)	3 (0.8)	7 (1.8)

Treatment Outcomes (Gamblers):

The CPGTSP is still in its infancy and treatment outcomes are difficult to determine. While OPG built processes for 30, 60 and 365-day follow-up surveys, contacting this population is difficult as they seem to be transient. OPG and UCLA are researching ways to increase data collection for follow-up surveys. The following is a snapshot of outcomes information that was available at the time of this report for FY2012-13.

Overall Life Satisfaction (Scale: 0 Worst – 100 Best)

	Intake	End of Treatment
PGTI (English /Spanish)	51	59
PGTI (Asian Languages)	49	68
Outpatient	50	59
IOP	35	80
RTP	37	49

NODS Score (Assessment of Negative Gambling Impact 1-10)

	Intake	End of Treatment
PGTI (English /Spanish)	7.6	7.6
PGTI (Asian Languages)	7.5	7.4
Outpatient	8.3	7.3
Intensive Outpatient	8.8	8.0*
Residential Treatment	8.2	8.0

**This number is from one client; most individuals in IOP transferred to Residential, so scores are reflected in the Residential.*

Gambling Urge Intensity (scale: 0 No Urges – 100 Most Intense)

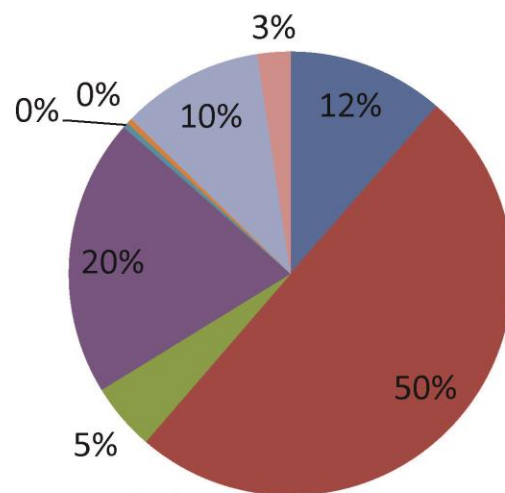
	Intake	End of Treatment
PGTI (English/Spanish)	42	27
PGTI (Asian Languages)	49	38
Outpatient	56	44
IOP	76	50
RTP	60	59

Clients participating in PGTI services reported a dramatic decrease in the frequency of their urge to gamble. Clients participating in outpatient services reported a drop in time spent gambling, from 5.3 hours per week at Intake and 1.2 hours per week at end of treatment. When asked if clients were abstinent from gambling at the end of treatment; 74% PGTI (English/Spanish), 100% PGTI (Asian Languages) and 84% Outpatient reported in the affirmative.

In summary, CDPH executed the successful transition of OPG from DADP, continuing the high standard of service delivery. OPG continues to fulfill its mission under CDPH, administering prevention and treatment programs for problem and pathological gamblers and their families. OPG has expanded outreach efforts to include new public health partners and developed a baseline of services to evaluate over the next several years.

Attachment A
(Accessing 1-800-GAMBLER helpline by ethnicity)

■ African American ■ Caucasian ■ Chinese
■ Hispanic ■ Native American ■ Pacific Islander
■ Other Asian* ■ Other Ethnicity



*Other Asian is comprised of

- Asian Indian 1.0%
- Filipino 2.7%
- Japanese 0.3%
- Korean 2.0%
- Vietnamese 2.5%

Attachment B

(Measuring media campaign using 1-800-GAMBLER helpline referral source)

